EXHIBIT C

FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	DISTRICT OF NEVADA	
Name of Debtor USA COMMERCIAL MORTGAGE Co.	Case Number 06-10725	PROOF OF CLAIM
NOTE: This form should not be used to make a claim for an administrative expense material to the case. A "request" for payment of an administrative expense material to the case.	•	
Name of Creditor (The person or other entity to whom the debtor owes money or property): Besworth 1988 TRUST	h:_	
Name and address where notices should be sent: ROBERT C. LEPOME 10120 S. EASTERN # 200 HENDERSON, NV 89052 Telephone number: (702) 492-1271	Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	
Last four digits of account or other number by which creditor identifies debtor: 5433	Check here ☐ replaces if this claim ☐ amends a previously for	led claim, dated:
1. Basis for Claim General Unsell General Unsell Goods sold Services performed Money loaned Personal injury/wrongful death Taxes NEGLICENCE & FRAUD	Retiree benefits as defined in Wages, salaries, and compensation for ser from (date)	sation (fill out below)
2. Date debt was incurred: JAN 1, 2005 70 APRIL 12, 2006	3. If court judgment, date obtaine	d:
Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of w	Brief Description of Collate Real Estate Motor Value of Collateral: \$	Vehicle Other
entitled to priority. Amount entitled to priority \$	Amount of arrearage and other chasecured claim, if any: \$	arges at time case filed included in
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) o (a)(Up to \$2,225* of deposits toward poor services for personal, family, or h § 507(a)(7).	urchase, lease, or rental of property tousehold use - 11 U.S.C.
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4). ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	of's Guidi - Specify approvable paragrap *Amounts are subject to adjustment on 4 with respect to cases commenced on	h of 11 U.S.C. § 507(a)(). 11101 and every 3 years thereafter
5. Total Amount of Claim at Time Case Filed:	\$_Z	257.000
☐ Check this box if claim includes interest or other charges in add interest or additional charges.	(unsecured) (secured) lition to the principal amount of the claim. Atta	(priority) (Total) ach itemized statement of all
6. Credits: The amount of all payments on this claim has been making this proof of claim.	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
 Supporting Documents: Attach copies of supporting docume orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are voluments 	octs, court judgments, mortgages, secu D ORIGINAL DOCUMENTS. If the	FILED DEC 0 4 200
8. Date-Stamped Copy: To receive an acknowledgment of the fil		
addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the file this claim (attach copy of power of attor		USA CMC

	-ntered 08/05/11 13:11:55 Page 3 of 11
PR	OOF OF CLAIM
	<u> </u>
	lumber
	10725 (LBR)
(See Attached) (See	Attached)
NOTE See Reverse for List of Debtors and Case Numbers	
This form should not be used to make a claim for an administrative expense	Check box if you are
arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503	aware that anyone else has filed a proof of claim relating
Name of Creditor and Address	to your claim Attach copy of statement giving particulars
11321241002067	
MICHAEL R CARPENTER & ANNE M CARPENTER	Check box if you have
687 W ELLA DR	never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A
CORRALES NM 87048-7248	BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS
See Attachment	Check box if this address differs from the address on the
	envelope sent to you by the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (505 247-4099	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously filed claim dated N/A
N/A	if this claim or a previously filed claim dated N/A amends
1 BASIS FOR CLAIM Retires	benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal
Goods sold Personal injury/wronaful death	s, salanes and compensation (fill out below) Other claims against services
Congress performed Taylor	ur digits of your SS # (not for loan balances)
	I compensation for services performed from
	(date) (date)
	COURT JUDGMENT, DATE OBTAINED NONE
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des See reverse side for important explanations	cribe your claim and state the amount of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$ N/A	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim or b) your claim	Check this box if your claim is secured by collateral (including
exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	s a nght of setoff)
UNSECURED PRIORITY CLAIM	Brief description of collateral
Check this box if you have an unsecured claim all or part of which is	XX Real Estate
entitled to priority	Value of Collateral \$ See attached
Amount entitled to priority \$N/A	Amount of arrearage and other charges at time case filed included in secured claim if any \$ SEC attached
Specify the priority of the claim	secured claim if any \$ See attached
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7)
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U.S.C. § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a) ()
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter
E TOTAL AMOUNT OF CLARE O	with respect to cases commenced on or after the date of adjustment
AT TIME CASE FILED	121.77 \$\$
(unsecured)	(secured) (pnonty) (Total)
Check this box if claim includes interest or other charges in addition to the princip	al amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts contracts court judgments mortgages, security agreeme	such as promissory notes purchase orders invoices itemized statements of
DOCUMENTS If the documents are not available explain. If the documen	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of	f your claim enclose a stamped self-addressed envelope and copy of this
proof of claim	
The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevail	
for each person or entity (including individuals, partnerships, corporat	
governmental units) BY MAIL TO BY HAN	D OR OVERNIGHT DELIVERY TO
BMC Group BMC G	roup
P O Box 911	SACM Claims Docketing Center FILED NOV 0 7 2006 ast Franklin Avenue
	indo, CA 90245
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of pawer) of attorney if any	or other person authorized to file USA CMC Nuchael Allison,
November 6, 2006	Attorney for Creditors

Form B10 (Official Form 10) (04/04) ** PLEASE N	OF TRUCTIONS ON REVERSE SIDE** TU	a Electronia a non in
UNITED STATES BANKRUPTGWEOUBTO	DISTRICT OF NEW ADAMS / 05/11 13:11:5	PROOF CLIALIM -Chapter
Name of Debtor USA COMMERCIAL MORTGAGE CO	Case Number 06 10725	
NOTE This form should NOT be used to make a claim for an administration payment of an administrative expense may be filed pursuant to 11 U.S.	ive expense arising after the commencement of the case. A 'request" C. Section 503	
Name of Creditor (The person or other entity to whom the dowes money or property)	anyone else has filed a proof of claim relating to your claim	
TOM GLOY Name & address where notices should be sent	Attach copy of statement giving particulars Check box if you have never	
Tom Gloy PO Box 4497	received any notices from the bankruptcy court in this case	
Incline Village, NV 89450 Telephone number 775-846-9378	Check box if the address differs from the address on the envelope sent to you by the court	THIS SPACE FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	r Check here if this claim Check here if this claim Check here if this claim	
1 BASIS FOR CLAIM Goods sold	☐ Retirce benefits as defined in 11 USC § 1114(a)☐ Wages, salaries, and compensation (FILL OUT BELC	
Services performed	Last four digits of your Social Security #	
Money loaned Personal injury/wrongful death	Unpaid compensation for services performed fromToTo	
☐ Taxes ☐ Other	(date) (date)	
	If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or b reverse side for important explanations	oxes that best describe your claim and state the amount of t	he claim at the time case filed See
Unsecured Nonpriority Claim \$	Unsecured Priority Claim	
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your	Check this box if you have an claim, all or part of v Amount entitled to priority \$	which is entitled to priority
claim is entitled to priority	Specify the priority of the claim Domestic support obligations under 11 U S C §5	07(a)(1)(A) or (a)(1)(B)
Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)	☐ Wages, salaries, or commissions (up to \$10,000), before filing of the bankruptcy petition, or cessatic business, whichever is earlier 11 U S C § 507(a	on of the debtor's
Brief description of collateral	Contributions to an employee benefit plan - 11 U S	S C § 507(a)(5)
Real Estate	Up to \$2,225* of deposits toward purchase, lease or services for personal, family or household use-	11 U S C § 507(a)(7)
Amount of arrearage and other charges at time case	Taxes or penalties owed to governmental units 11 Other Specify applicable paragraph of 11 U S C *Amounts are subject to adjustment on 41/07 and every three ye	§ 507(a)()
filed included in secured claim if any \$	commenced on or after the date of adjustment	, , , , , , , , , , , , , , , , , , , ,
5 Total amount of claim at time case filed \$		
If all or part of your claim is secured or entitled to priority Check this box if claim includes interest, or other cha	, also complete Item 5 or 7 below ges in addition to the principal amount of the claim. Attacl	
an itemized statement of all interest or additional cha-	ges	
6 Credits The amount of all payments on this claim has be proof of claim 7 Supporting documents Attach copies of supporting documents	cuments such as promissory notes purchase orders, invoice:	
itemized statements of running accounts contracts, court perfection of lien DO NOT SEND ORIGINAL DOCUM documents are voluminous, attach a summary	judgments, mortgages security agreements and evidence of SENTS If the documents are not available, explain. If the	
8 Date-Stamped copy To receive an acknowledgment of envelope and a copy of this proof of claim	the filing of your claim enclose a stamped, self-addressed	
Sign and print the name and title if any of the (attach copy of power of attorney, if any) Date	creditor or other person authorized to file this claim	FILED NOV 0 2 2006
11/2/00 Caup Tisselin	ctor TomGloy	USA CMC
Penalty for presenting fraudulant claim Fine of up to \$500,	000 or imprisonment for up to 5 years, or both 18 USC 1	4:

United Staff's Bankruptcy Court	DISTRICT OF Nevada PROOF OF CLAIM	M
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	•
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Janet P Johnson & Charles E Johnson Trustees of the Janet P Johnson Living Trust dated 7/15/04 Name and address where notices should be sent Charles Johnson 17 Front Street Palm Coast, FL 32137	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the	
Telephone number 386-986-1418 Last four digits of account or other number by which creditor	address on the envelope sent to you by the court This Space is for Court Use. Check here / replaces	ONI Y
identifies debtor 5453	if this claim amends a previously filed claim dated 12/8/2006	
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A	Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries, and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed fromto	-
2. Date debt was incurred 3/26/04	3. If court judgment, date obtained	
See reverse side for important explanations Unsecured Nonpriority Claim \$ 468,301 91 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$	which is Value of Collateral Sunknown	d in perty
5 Total Amount of Claim at Time Case Filed	<u>\$ 468301 91 </u>	
intolest of dedictorial charges	(unsecured) (secured) (priority) (Total) dition to the principal amount of the claim Attach itemized statement of all	
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of hier DO NOT SENI documents are not available explain if the documents are volunt B Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname and title if any of the fill this claim (attach copy of power of attorname	ents such as promissory notes, purchase acts, court judgments mortgages, security ID ORIGINAL DOCUMENTS If the minous attach a summary Ing of your claim, enclose a stamped self-)NI Y
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or	Thistee USA CMO	

9870°0	Case	- Caso 76510725. Inc. Can	1313 (S)	FOF CLAIM	1-55ge 1 699	q 6 of 11
Nan	ne of Debtor:	the Control of Marie Control of the	Case Number:			
U	SA Commercial M	lortgage Company	06-107	725-LBR		
This arisir admi	form should not be used ng after the commencem nistrative expense may l	of Debtors and Case Numbers. I to make a claim for an administrative ex sent of the case. A "request" for payment be filed pursuant to 11 U.S.C. § 503.	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Nar	ne of Creditor and	113212420374	56	statement giving particulars. Check box if you have never received any notices	OF CLAIM. THIS	00 <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT .D IN THE COLLECTION ACCOUNT.
	6515 FRANK PRUNEDALE	IE LANE		from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT BTORS.
Con	iitor Telephone Number	/)		Check box if this address differs from the address on the envelope sent to you by the court.	Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again. E IS FOR COURT USE ONLY
		other number by which creditor identifies	debtor:	Check bare repla	cee	
	_			if this claim amer	a previously	filed claim dated:
1. B	ASIS FOR CLAIM		Retiree	benefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death	_	salaries, and compensation ((fill out below)	Other claims against servicer (not for loan balances)
	Services performed Money loaned	☐ Taxes ☐ Other (describe briefly)		r digits of your SS #:	rformed from	<u>.</u>
╽╙	Worley to affect	Other (describe bitetry)	Unpaid (compensation for services pe	HOW DEIMONE	(date) to
2. D	ATE DEBT WAS INCUR	RRED:	3. IF C	OURT JUDGMENT, DATE O	OBTAINED:	(4410)
		AIM. Check the appropriate box or boxes th	at best descr	ibe your claim and state the amo	ount of the claim at t	he time case filed.
ı	ee reverse side for importan SECURED NONPRIORI			SECURED CLAIM		
DN:	Check this box if: a) there i	is no collateral or lien securing your claim, or b) your claim		our claim is secu	red by collateral (including
	exceeds the value of the prentitled to priority.	roperty securing it, or if c) none or only part of	your claim is	a right of setoff). Brief description of	f collateral:	
UNS	ECURED PRIORITY CL	AIM		Real Estate	_	e
	•	an unsecured claim, all or part of which is		Value of Coltateral		VIII
	entitled to priority. Amount entitled to priority	•			· · -	at time case filed included in
	Specify the priority of the c	daim:		secured claim, if any:		activitie case lileu moluded in
	, , , ,	ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Γ	Up to \$2,225* of deposits tow		
		ssions (up to \$10,000)*, earned within 180 day	/s	services for personal, family,	or household use -1	1 U.S.C. § 507(a)(7).
		otcy petition or cessation of the debtor's lier - 11 U.S.C. § 507(a)(4).	L.	Taxes or penalties owed to go Other - Specify applicable par		
	Contributions to an employ	vee benefit plan - 11 U.S.C. § 507(a)(5).	L	* Amounts are subject to adju	stment on 4/1/07 ar	nd every 3 years thereafter
=	OTAL AMOUNT OF CU	A IM		with respect to cases comme		date of adjustment.
	OTAL AMOUNT OF CLA AT TIME CASE FILED:	<u> </u>	1,509		/ priesitul	\$ 1,509,96355
		(unsecured) ludes interest or other charges in addition to	,	secured) I amount of the claim. Attach ite	(priority) emized statement o	(Total) of all interest or additional charges.
		of all payments on this claim has been cr				
] r	unning accounts, contra	MENTS: Attach copies of supporting doc cts, court judgments, mortgages, security curnents are not available, explain. If the	agreemen	ts, and evidence of perfection	n of lien. DO NO	
8. D		PY: To receive an acknowledgment of t			•	d envelope and copy of this
f f	CCEPTED) so that it is	npleted proof of claim form must be se s actually received on or before 5:00 pi ty (including individuals, partnerships,	m, prevailie corporation	ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
ĕ	Y MAIL TO: BMC Group		BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	O:	
<i>P</i>	Attn: USACM Claims Doo	cketing Center	Attn: US/	ACM Claims Docketing Cente	er	
P. O. Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo, CA 90245						
DAT	· · · · · · · · · · · · · · · · · · ·	SIGN and print the name and title, if any, of this claim (attach copy of power of atto				
1/	1.000	tra				

ORM B10 (Official Form 10) (10/05)	District of Nevada	
UNITED STATES BANKRUPICY COURT	PROOF OF CLAIM	
Name of Dubtor	Case Number	
NOTE This form should not be used to make a claim for an administ	C6-10135-188	_
of the case. A request for payment of an administrative expense may	be filed pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) LARRY I NEWMAN & ELSIE D NEWMAN TRUSTEES of The NEWMAN FAMILY TRUST Dafed 9/30/97	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
Name and address where notices should be sent	Check box if you have never received any notices from the bankruptcy court in this	
LARRY NEWMAN 1775 AUTUMN VAILEY WAY Rens, WY 84523 Telephone number 275-322-5141	Case Check box if the address differs from the address on the envelope sent to you by the court	THIS SEACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 1 lient 5745 Acct #5537	Check here replaces	led claim dated
1 Basis for Claim Goods sold Services performed	Retiree benefits as defined in Wages salaries and compensus four digits of your SS # Unpaid compensation for ser	sation (fill out below)
Money loaned Personal injury/wrongful death Taxes	· ·	to(date)
Taxes Other See Exhibit A 2 Date debt was incurred	3 If court judgment, date obtaine	
10/1/04		
4 Classification of Claim Check the appropriate box or boxes that See reverse side for important explanations Unsecured Nonpriority Claim \$ 500, 119, 23 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) nonly part of your claim is entitled to priority	Secured Claim Secured Claim	is secured by collateral (including
Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority		r Vehrcle Other OV KNOWN arges at time case filed included in
Amount entitled to priority \$	secured claim if any \$ 562	
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or	Up to \$2 225* of deposits toward p or services for personal family or h \$ 507(a)(7)	
Wages salaries or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4)	*Amounts are subject to adjustment on a	sh of 11 USC § 507(a)() 4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 U S C § 507(a)	A	4 500,119 23
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in add	(unsecured) (secured)	(priority) (Total)
interest or additional charges 6 Credits The amount of all payments on this claim has been	credited and deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
 making this proof of claim Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are voluments are voluments. 	octs court judgments mortgages security D ORIGINAL DOCUMENTS If the	FILED JAN 12 20
Date Stamped Copy To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim	ing of your claim, enclose a stamped self	
Date Sign and print the name and title if any, of the file this claim (attach copy of power of attor	he creditor or other person authorized to ney if any)	USA CMC

		2 —⊨nd	'arad 09/05/11-12-1	1-55 - Pan	- 2 of 11
DIST	esienikkopienisouri Rigtophievada	PRO	OF OF CLAIM	1.55 Payı	3 0 0 11
Name of Debtor	ı	Case Nu	mber		
USA Commu	-cial Mortgage Co	06-1	0725 LBL		
This form should not be used arising after the commencen administrative expense may	t of Debtors and Case Numbers d to make a claim for an administrative exp nent of the case A "request" for payment of be filed pursuant to 11 U.S.C. § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Patrick M Sk	cain & Sow lim-Sk	an	statement giving particulars Check box if you have never received any notices		
300 crestal	ke Urive		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A LEST IN A BORROWER THAT IS NOT
Son Francis		.)	Check box if this address differs from the address on the envelope sent to you by the	If you have alre Bankruptcy Court	eady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number			court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or	other number by which creditor identifies o	debtor	Check here replace or f this claim amend	a previously	filed claim dated
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S (C § 1114(a)	Unremitted principal
Goods sold	Personal injury/wrongful death	Wages s	salaries and compensation (f	ill out below)	Other claims against services
Services performed	∐ Taxes □		digits of your SS#		(not for loan balances)
Money loaned	Other (describe briefly)	Unpaid c	ompensation for services per	formed from	to
					(date) (date)
2 DATE DEBT WAS INCUF			OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CL See reverse side for importan	AIM Check the appropriate box or boxes that texplanations	best descri	be your claim and state the amou	int of the claim at th	ne time case filed
UNSECURED NONPRIORI	•		SECURED CLAIM		
Check this box if a) there i	is no collateral or lien securing your claim or b) yourperty securing it or if c) none or only part of you	your claim ur claim is	Check this box if yo a right of setoff) Brief description of		ed by collateral (including
UNSECURED PRIORITY CL	AIM		1 V -	_	П он
Check this box if you have entitled to priority	an unsecured claim all or part of which is		Real Estate Value of Collateral	Motor Vehicle \$	U Other
Amount entitled to priority	\$			d other charges	at time case filed included in
Specify the priority of the c	laim		secured claim if any \$		
	ns under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towar	rd purchase lease	or rental of property or
	ssions (up to \$10 000)* earned within 180 days toy petition or cessation of the debtor's		services for personal family or Taxes or penalties owed to gov	r household use 11	USC § 507(a)(7)
	lier 11 U S C § 507(a)(4)	片	Other Specify applicable para		• , , , ,
Contributions to an employ	ee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust		- · · · · · · - · · · ·
			with respect to cases commend		
5 TOTAL AMOUNT OF CLA AT TIME CASE FILED	XIM \$ \$ _		\$		\$
	(unsecured) udes interest or other charges in addition to the	•	ecured) amount of the claim. Attach item	(pnonty) nized statement of	(Total) all interest or additional charges
	_				
7 SUPPORTING DOCUM running accounts contract	of all payments on this claim has been cred. MENTS Attach copies of supporting docur. Its court judgments mortgages security accuments are not available explain. If the documents are not available.	<u>ments,</u> suc greements	ch as promissory notes purch and evidence of perfection of	hase orders invo of lien DO NO1	ices, itemized statements of
1	Y To receive an acknowledgment of the			•	envelope and copy of this
ACCEPTED) so that it is for each person or entity governmental units)	pleted proof of claim form must be sent actually received on or before 5 00 pm, y (including individuals, partnerships, co	prevailing orporation	g Pacific time, on November is, joint ventures, trusts and	r 13 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group	l	BMC Grou		1	I FR 1411 4 4 9664
Attn USACM Claims Doo P O Box 911	•	1330 East	CM Claims Docketing Center Franklin Avenue	Ą	LED JAN 16 2007
El Segundo CA 90245-09			o CA 90245		HEV UNC
DATE	SIGN and print the name and title if any of the this claim (attach copy of power of attorni		other person authorized to file		USA CMC

FORM B10 (Official Form 10) (10/05)		
United States Bankruptky Court	DISTRICT OF Nevada	DECOE OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE CO	Case Number 06 - 10725 - LBR	PROOF OF CLAIM
NOT: This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ins		2007 JAN 12 P 2
Name of Creditor (The person or other entity to whom the debtor owes money or property) DONALD H. PINSKER, AN UNMARRIED MAN Name and address where notices should be sent DONALD H. PINSKER 8650 WEST VERDE WAY LAS VEGAS, NV, 89149-14145 Telephone number 702/515-0869	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS HOR COURT USI ONLY
Last four digits of account or other number by which creditor identifies debtor ACC T. 7748	Check here replaces If this claim amends a previously filed	claim dated
1 Basis for Claim Goods aold Services performed Money loaned Personal injury/wrongful death Taxes Other SEE SXH/BIT A	Retiree benefits as defined in 11 Wages salaries, and compensati Last four digits of your SS # Unpaid compensation for service from	USC § 1114(a) on (fill out below)
2. Date debt was incurred 3-24-05	3. If court judgment, date obtained	
Check this box if a) there is no collateral or lien securing you of your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of a entitled to priority	Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$ UNK	Shicle Other
Amount entitled to priority \$	secured claim, if any \$12,961	36 LINE 2 EX A
Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B)	Up to \$2,225* of deposits toward purel or services for personal family, or house	nase, lease, or rental of property schold use - 11 U S C
Wages, salaries, or commissions (up to \$10,000),* carved with days before filing of the bankruptcy petition or cessation of the debibusiness, whichever is earlier - 11 U S C \$ 507(a)(4)	*Amounts are subject to adjustment on 4/1/A	f 11 USC § 507(a)() 07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 USC § 507(a) 5. Total Amount of Claim at Time Case Filed	\$816,528 58 816,528.58	816528.58
Check this box if claim includes interest or other charges in ad interest or additional charges.	(unecountd) (secured) (pr	nority) (Total)
6. Credits The amount of all payments on this claim has been making this proof of claim	n credited and deducted for the purpose of	HIS SINCE IS FOR COURT USFONLY
 Supporting Documents: Attach copies of supporting documents invoices itemized statements of running accounts, contragreements, and evidence of perfection of lien DO NOT SER documents are not available, explain if the documents are volus. Date-Stamped Copy. To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. 	racts, court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the iminous, attach a summary	
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atto		— USA CMC

FORM BIO (CINCIAL FORM 10) (10/05)	(4)) 1 1 1 1 1 1 1 1 1				
UNITED STATES BANKRUPTCY COURT	Dist	TRICT (OF <u>NE</u>	VADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE Co.	Case 1	Number 6-/	072	5	
NOTE. This form should not be used to make a claim for an administrative expense may	tranve expo y be filed p	ense ans pursuant	ing after the	e commencement C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) HANS J. Prakelt	else your givii	has filed claim. ng partic	l a proof of Attach copy ulars	vare that anyone claim relating to y of statement	
Name and address where notices should be sert ROBERT C. LEPOME 10/20 S. EASTERN # 200	notic Case	ces from	the bankru	never received any iptcy court in this s differs from the	
HENDERSON, NV 89952 Telephone number (702) 492-127/	addr the c	ess on th court.	e envelope	sent to you by	THIS SPACE IS FUR CLOSHI USI ONLY
Last four digits of account or other number by which creditor identifies debtor 1980	of the	cx nere is claim	replace	s a previously fi	led claim, dated
Basis for Claim General Unse Goods sold Services performed Money loaned Personal injury/wrongful death Taxes NEGLICENCE & FRAUD	ECURED 4	U V	Vages, sala ast four di	nes, and compen gits of your SS #	a 11 USC § 1114(a) sation (fill out below) rvices performed to
2. Date debt was incurred. JAN 1, 2005 TO APRIL 12, 2006	3.	If cou	rt judgm	ent, date obtaine	:d
4. Classification of Claim. Check the appropriate box or boxes the Sec reverse side for important explanations. Unsecured Nonpriority Claim \$ 55.375 Check this box if. a) there is no collateral or lien securing you be justed to priority with the property securing it, or if c) only part of your claim is entitled to priority. Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority. Amount entitled to priority. Specify the priority of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B). Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a). Total Amount of Claim at Time Case Filed.	r clairs, or none or	Amounts a	Check this int of setoff Brief Description of Check this int of setoff Brief Description of Check the Check to the Check the Che	is box if your claim cription of Collate istate	r is secured by collateral (including crail of Vehicle Other crassing crass
Check this box if claim includes interest or other charges in add	dition to th	unsea e princi	ured) pal amount	(secured) t of the claim. Att	
interest or additional charges 6. Credits: The amount of all payments on this claim has been making this proof of claim. 7 Supporting Documents: Attach capies of supporting documents, invoices itemized statements of running accounts, control	credited a	and dedu	ucted for th	e purpose of	THIS SPINCE IS FOR COURT USE ONLY
agreements and evidence of perfection of lien DO NOT SEN documents are not available, explain If the documents are volu 8 Date-Stamped Copy. To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any of file this claim (attach topy of power of attach topy of the power of attac	ND ORIGII minous at iling of you the create	NAL Dentach a si	OCUMEN ummary , enclose a er person a	TS If the stamped, self-	FILED DEC 0 6 2006
12-04-06 Rosent C. Le Pom E.	-3-00	Ø	ART CLAI		USA CMC

ST ENTERSTANES EARCHVIAIRANG DUBIE	PRO	OOF OF CLAIM			
Name of Debtor	Case Nu	mber	1		
USA Commercial Mortgage Company		725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expensing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address 11321242034545		Check box if you are a ware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have	IF YOU ARE ONLY OWED MONEY BY A BORROW WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLI ECTION ACCOUNT		
COCKAYNE ROBERT 6501 RED HOOK PLAZA STE 201 ST THOMAS VI 00802		from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the			
Creditor Telephone Number (3140 - 690 - 62.79		envelope sent to you by the court	1	or BMC you do not need to file again.	
Last four digits of account or other number by which creditor identifies of	iebtor		<u> </u>	E 13 FOR COURT OSE ONLY	
		Check here replace or fithis claim amen	a previous _i y	filed claim dated	
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death	Retiree t	penefits as defined in 11 U.S.	C § 1114(a)	Unremitted principal	
Services performed Taxes		salanes and compensation (indigets of your SS #	fill out below)	Other claims against servicer (not for loan balances)	
Money loaned Other (describe briefly)	Unpaid o	compensation for services per	rformed from	to	
2 DATE DEBT WAS INCURRED 2/23/4 & 5/31/05	3 IF C	OURT JUDGMENT DATE O	BTAINED	(date) (date)	
4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations				he time case filed	
UNSECURED NONPRIORITY CLAIM \$ /33,872/2 Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you entitled to priority	your claim or claim is	SECURED CLAIM Check this box if you a right of sctoff) Brief description of		red by collateral (including	
UNSECURED PRIORITY CLAIM		Real Estate		: Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$		
Amount enutied to priority \$ Specify the priority of the claim		Amount of arrearage an secured claim if any		at time case filed included in	
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salanes or commissions (up to \$10 000) earned within 180 days		Up to \$2 225 of deposits towa services for personal family of			
before filing of the bankruptcy petition or cessation of the debior's business whichever is earlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to gov	remmental units 1	11 U S C § 507(a)(8)	
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	اسا	Other Specify applicable para "Amounts are subject to adjus- with respect to cases comment	lment on 4/1/07 an	d every 3 years thereafter	
5 TOTAL AMOUNT OF CLAIM \$ \(\frac{33}{872.2} \) \$ AT TIME CASE FILED		\$	cos of or ans. (No	\$/32,872.12	
(unsecured) Check this box if claim includes interest or other charges in addition to the	,	scured) amount of the claim. Attach item	(pnonty) nized statement o	(Total) f all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been credit 7 SUPPORTING DOCUMENTS Attach copies of supporting documents running accounts contracts court judgments mortgages security at DOCUMENTS If the documents are not available explain. If the documents are not available.	<u>ments,</u> sur greements	ch as promissory notes purc and evidence of perfection	hase orders invo	oices itemized statements of	
proof of claim		our daim enclose a stamped		envelope and copy of this	
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships or governmental units)	prevailing	Pacific time on Novembe is joint ventures trusts and	г13 2006	THIS SPACE FOR COURT USE ONLY	
BMC Group	BMC Grou	•	Ė	ILED NOV 0 7 2006	
P O Box 911	1330 East	CM Claims Docketing Center Franklin Avenue o CA 90245			
DATE SIGN and print the name and title if any of the	creditor or			USA CMC	
11/06/2006 Robert of Cooking R		B COLKAINE		1072501089	